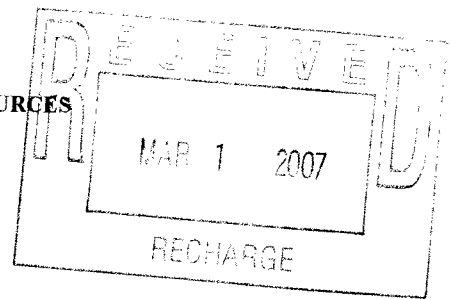


ARIZONA DEPARTMENT OF WATER RESOURCES  
Water Management Division  
3550 North Central Ave, 2<sup>nd</sup> Floor  
Phoenix, Arizona 85012-2105  
Phone (602) 771-8585 Fax (602) 771-8689



**APPLICATION FOR A RECOVERY  
WELL PERMIT (§ 45-834.01)**

APPLICATION FEE OF \$ 50.00 PER WELL FOR  
THE 1ST 10 WELLS PLUS \$ 10.00 PER WELL  
THEREAFTER IS DUE UPON FILING.

PERMIT FEE (SAME AS APPLICATION FEES), PLUS  
NOTICE AND PUBLICATION FEES TO BE DETERMINED,  
ARE DUE PRIOR TO ISSUANCE OF PERMIT.

PLEASE SUBMIT ONE ORIGINAL AND TWO COPIES OF THE  
COMPLETED APPLICATION AND ALL SUPPORTING MATERIALS.

<b>FOR OFFICE USE ONLY</b>	
Application No.:	<u>74-548263.0004</u>
Date Received:	<u>March 1, 2007</u>

1. Name of Applicant: City of Chandler  
Mailing Address Mail stop 408, PO Box 4008 Chandler AZ 85244-4008  
City State Zip  
Contact Person Gregg Capps Telephone (480) 782-3585 Fax (480) 782-3805
2. Name of Active Management Area or Irrigation Non-Expansion Area if applicable, and name of groundwater basin and subbasin where the facility will be located Phoenix AMA, Salt River Valley basin,  
East Salt River Valley sub-basin
3. Name of the owner(s) of the land where wellsites are located City of Chandler  
Mailing Address Mail stop 408, PO Box 4008 Chandler, AZ 85244-4008  
(If more than one owner, attach a list showing corresponding land owner and well registration number(s)).
4. Legal description of the land where water will be used NW¼, SW¼, SW¼, Section 20, T2S R6E  
(quarter/quarter/quarter/section, township and range)
5. The recovered water will be used for Supplement reclaimed water system

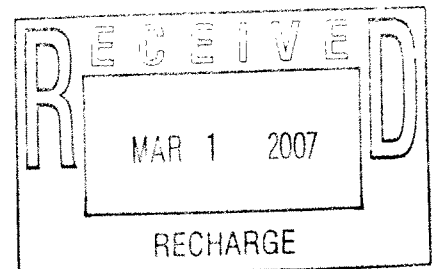
6. The recovery wells will be used to recover water stored pursuant to Water Storage Permit No. 73-588551  
or long-term storage account number. 71-588551

7. Complete the following for each constructed well. If data supplied differs from the ADWR well registry, please submit a change of well information form. Attach supplement if needed.

Name of Well Owner	Well Registration Number	Location: ¼, ¼, ¼, Section, Township, Range	Design Pump Capacity (GPM)	Hole Depth (Feet)	Casing Diameter (inches)	Proposed Annual Volume (Acre-feet)	Date Well Constructed
City of Chandler	55-211431	NW, SW, SW T2S R6E	600	690	16	726	11/8/06

8. Complete the following for each proposed well to be constructed.

Well Registration Number	Location: ¼, ¼, ¼, Section, Township, Range	Design Pump Capacity (GPM)	Hole Depth (Feet)	Casing Diameter (inches)	Proposed Annual Volume (Acre-feet)	Estimated Date of New Well Construction	Estimated Time Required To Complete Well
N/A							



I (We), City of Chandler, the applicant(s) named in this application, do hereby certify under the penalty of perjury, that the information contained and statements made herein are to the best of my (our) knowledge and belief true, correct and complete.

(480) 782-3585  
Telephone

*[Signature]*  
Signature of owner or authorized agent

Water Resource Manager  
Title

Mail stop 408, PO Box 4008 Chandler AZ 85244-4008  
Mailing Address City State Zip

STATE OF ARIZONA )  
County of Maricopa ) ss.

Subscribed and sworn to before me this 19 day of March February, 2007.  
*[Signature]*  
Notary Public

March 19, 2007  
My commission expires:

